

93 18

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.
FILL OUT ALL BLANKS

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		609	
County	Yavapai	State Index No.	534
District	Prescott	County Registered No.	147
Town	Prescott	Local Registrar's No.	
Or City	Prescott		
ORIGINAL CERTIFICATE OF DEATH			
No. <u>Pioneer Home</u> St.			
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME <u>Harrison Yarnell</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX	Color or Race	DATE OF DEATH	
Male	White Indian Black Chinese Mexican	<u>August 11, 1916</u>	
	SINGLE MARRIED WIDOWED or DIVORCED	(Month) (Day) (Year)	
DATE OF BIRTH		I hereby certify, that I attended deceased from <u>Jan 1st</u>	
<u>May 29, 1854</u>		191 <u>6</u> to <u>Aug 11</u> 191 <u>6</u> ; that I last saw him alive	
(Month) (Day) (Year)		on <u>Aug 10</u> 191 <u>6</u> , and that death occurred on the date	
AGE	If less than 1 day	stated above at <u>6 A.M.</u> The DISEASE or INJURY causing	
<u>62</u> yrs. <u>2</u> mos. <u>12</u> days	hrs., or min.	Death was as follows: <u>Phthisis Pulmonalis</u>	
OCCUPATION		(Duration) <u>6</u> yrs. <u>6</u> mos. <u>6</u> days	
(a) Trade, profession or particular kind of work <u>Miner</u>		Was disease contracted in Arizona? <u>Yes</u>	
(b) General nature of industry, business, or establishment in which employed or (employer)		If not, where?	
BIRTHPLACE (State or country) <u>Texas</u>		CONTRIBUTORY <u>Cardiac Asthenia</u>	
NAME OF FATHER <u>Silas Yarnell</u>		(Duration) <u>3</u> yrs. <u>3</u> mos. <u>3</u> days	
BIRTHPLACE OF FATHER (State or Country) <u>Missouri</u>		(Signed) <u>J. B. Munnally</u>	
MAIDEN NAME OF MOTHER <u>Elizabeth Jamison</u>		<u>Aug. 12, 1916</u> (Address) <u>Prescott, Ariz.</u>	
BIRTHPLACE OF MOTHER (State or Country) <u>Missouri</u>		*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
The Above Is True to the Best of My Knowledge (Informant) <u>Mrs. Alice S. Herrett</u>		LENGTH OF RESIDENCE	
(Address) <u>Phoenix, Arizona</u>		At place of death <u>1</u> yrs. <u>2</u> mos. <u>7</u> ds. In Arizona <u>2</u> yrs. <u>2</u> mos. <u>7</u> ds.	
PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL OR REMOVAL	Former or Usual Residence	
<u>Mt. View Cemetery</u>	<u>August 15, 1916</u>	Filed <u>Harry T. Southworth</u>	
UNDERTAKER	ADDRESS	Local Registrar	
<u>Lester Rutter</u>	<u>Prescott, Arizona</u>	County Registrar	